

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10</u> <u>524201</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
Filing			\$								
Amendment			\$								
Extension of Time			\$								
Notice of Appeal/Appeal			\$								
Petition			\$								
Issue			\$								
Cert of Correction/Terminal Disc.			\$								
Maintenance			\$								
Assignment			\$								
Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$							
8 TO BE REFUNDED BY:											
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--				
		--									
10 REASON:											
Overpayment											
Duplicate Payment											
No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: _____ TITLE: _____											
SIGNATURE: _____											
OFFICE: _____											
<div style="display: flex; justify-content: space-between; font-size: small;"> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** <div> Repl. PHONE 5/31/2005 PKIDWELL 0013144500 GWS: 250120 Name/Number: 10524201 FC: 9204 \$250.00 CR </div> </div>											
APPROVED: _____ DATE: _____											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: